Maurizio Tonetti: "Prevention makes excellent economic sense for the dentist"

Lack of compliance from patients cannot remain an excuse for giving up, says Prof. Tonetti, editor of the Journal of Clinical Periodontology and co-author of a Perio Focus green paper on periodontal diseases. It is up to the dentist to adequately motivate his patient. If the dentist and patient have shared goals, then the failure to achieve them is shared too.

In your Perio Focus green paper, “Impact of the global burden of periodontal diseases on health, nutrition and well-being of mankind: A call for global action”, you call for prevention, diagnosis and treatment. Why do you recommend this threefold approach to periodontal diseases?

More than 750 million people suffer from severe forms of periodontitis, while another 3 billion have a milder form of it. With such a widespread prevalence of this disease, we need a multi-pronged approach to treat it, which includes:

a) Prevention, to ensure that fewer people develop the disease. We suggest that we need to work on the common risk factor approach for the prevention of chronic non-communicable diseases, as suggested by the World Health Organization (WHO), with one critical addition: we must include oral hygiene as one of the virtuous behaviours (along with not smoking, eating well, controlling weight and exercise). Prevention requires the implementation of appropriate oral hygiene practices and the effective management of gingivitis, which dental professionals need to play a critical role in providing. In addition, more needs to be done by governments in this regard.

b) Diagnosis, since we think that early detection and early management will lessen the economic burden of treating periodontal disease. We suggest an alliance with the patient to aid early detection with self-assessment, followed by professional screening and a full periodontal diagnosis. In addition, it is critical that dental professionals communicate the message that gingival bleeding is not normal and requires attention.

c) Treatment, which for dentists is the obvious step. The problem is that we know how to treat this disease and we have all been trained in dental or hygiene school on how to do it, but formidable barriers are making access to the best evidence-based treatment difficult—and I am not only talking about money! A complex mix of misunderstandings, incorrect health messages derived from the advertisement of oral
health products, faulty reimbursement systems and a historical focus on restorative dentistry are proving difficult issues to overcome.

Clearly the number of periodontal disease patients is enormous and we need to rethink what we are doing. Fortunately, the endorsement of such a wide constituency of learned periodontist societies from around the world can be seen as a good omen.

Often, prevention is neglected in dental practices in favour of diagnosis and restorative treatment. However, how can dental professionals equally implement these three steps in their daily practice?

In developed countries, and in the higher socio-economic strata of developing countries, health, rather than disease, is the future of medicine and dentistry, since people want to be healthy and for that, prevention is key. The best dental practices have already shifted their business models away from traditional restorative treatments alone and towards a different approach. Prevention makes excellent economic sense for the dentist, but from the patient's perspective, preventative treatment only works if it is of a very high quality.

What are some of your key recommendations for short- and long-term preventative treatment? And, where does primary prevention end and secondary prevention begin?

You raise an important point. The simple answer is with the diagnosis and choice of appropriate care pathways for different individuals. Primary prevention, or helping healthy people avoid the disease, is key. We know what to do in terms of behavioural modification and the promotion of a healthy lifestyle, oral hygiene instructions and delivery of the traditional periodontal preventive services (scaling and prophylaxis). This approach, however, requires diagnosis, because the dentist must first establish that the patient does not suffer from periodontitis at the time for it to work.

In the conclusions of the Prevention Workshop, organised by the EFP in 2014, we underline the fact that it is inappropriate to deliver professional primary preventive services to patients with undiagnosed periodontitis. So, each dentist needs to create different care pathways. One pathway for healthy subjects that need primary prevention, one for gingivitis patients who require treatment first and then primary prevention, and another for periodontitis subjects whose needs are totally different, including an accurate diagnosis, periodontal treatment planning, the completion of a cycle of effective treatment and then—only then—prevention. Secondary prevention in these cases implies a specific programme for high-risk individuals who have had the disease and who are at a risk of recurrence.

How important is an early and accurate diagnosis of periodontal disease for maximising the effectiveness of treatment?

An early and accurate diagnosis is critically important! Distinguishing between health, gingivitis and periodontitis with an appropriate screening test is the first step—similar tests, based on the WHO Community Periodontal Index, have been introduced in many countries around the world by national periodontal societies. Whenever a patient has periodontitis, a complete examination is mandatory in order to assess the specificity of the case, establish prognosis and choose the most appropriate treatment. Treatment without diagnosis is like walking with one eye shut—sometimes we reach the target, but only when we are lucky. Clinicians should also keep a very important issue in mind: diagnosis is a statutory requirement in most jurisdictions around the world. Failure to diagnose or perform an accurate diagnosis remains the number one cause of litigation in our field.

Some patients think that the dental professional alone can treat periodontal diseases. What should the role of the dental professional and the role of the patient be for the successful treatment of periodontal diseases?

Here you refer to the need to establish a therapeutic alliance between an informed patient and the dental professional for the treatment of dental diseases, which includes periodontal diseases. The key is communication. Personally, I like to present to the patient the condition of his/her mouth, explain what periodontitis is, how it is treated and how its reoccurrence can be prevented. This is the time to clarify the importance of oral hygiene and risk factor management. However, your question has a deeper implication. As dentists, we always look at the patient's lack of compliance as an easy excuse for our lack of success. Allow me to elaborate: if I do not manage to adequately motivate one of my patients I ask myself (and my team) what we did wrong? It is my responsibility to help my patient understand the importance of their role and it is my duty to help them achieve our common goal of good oral health. So, the role of the patient is critical, but if they fail, I fail too.

The paper – “Impact of the global burden of periodontal diseases on health, nutrition and wellbeing of mankind: A call for global action” – was written by four international experts including Maurizio Tonetti and EFP past president Søren Jepsen.

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